Vulnerability amongst schoolboys, aged 14-20:

South Africa Report

MIET AFRICA

June 2019

Acknowledgements

MIET AFRICA thanks the Ministries of Education in the Kingdom of Eswatini, Lesotho, Malawi and South Africa for their committed participation in this research study, and for facilitating access to the study schools. Grateful thanks go to the focus group discussion participants and key informants who gave their time and provided rich information regarding the vulnerabilities of boys. Final thanks are given to the funding partners, the Swiss Agency for Development and Cooperation, UNICEF and Khet'Impilo, who recognised the value of investigating the specific needs of vulnerable boys and young men.

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Erasmus, Y., Norins, J. and van der Elst, L. (2019) SADC regional study of vulnerability amongst boys (ages 14-20 years) in schools. Durban: MIET AFRICA

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASRHR	Adolescent sexual and reproductive health and rights
CSE	Comprehensive sexuality education
CSTL	Care and Support for Teaching and Learning
GBV	Gender-based violence
HIV	Human Immunodeficiency Virus
KZN	KwaZulu-Natal
LGBTI	Lesbian, gay, bisexual, trans and intersex persons
LMIC	Low- and middle-income countries
MP	Mpumalanga
SADC	Southern African Development Community
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually transmitted infection
UNICEF	United Nations Children's Fund
VMMC	Voluntary medical male circumcision
WC	Western Cape

1. Introduction and background

In the years of implementing the Southern African Development Community (SADC) Care and Support for Teaching and Learning (CSTL) programme, it became increasing apparent to CSTL partners – MIET AFRICA, the SADC Secretariat, the Swiss Agency for Development and Cooperation (SDC), United Nations partners and others – that there was a major gap in the delivery of school-based care and support to boys and young men and that this gap was hindering programme and regional goals for gender equality, HIV reduction and improved educational outcomes for all children. Evidence was growing in SADC Member States of increasing drop outs among boys, including South Africa, and global discussions on gender-based violence (GBV), gender norms and masculinity pointed to the need to explore the issue of vulnerability among boys, particularly those in secondary school, and especially around their sexual reproductive health and rights (SRHR) knowledge and access to services.

Limited existing literature on boys and young men point to a dearth of evidence on the specific vulnerabilities of boys in schools, and what might be effective in addressing the vulnerabilities of this subgroup. Therefore, an exploratory regional research study was commissioned by SDC, to better understand the key issues and identify recommendations for future school-based programming. The South Africa component of the study was supported by the Department of Basic Education, UNICEF South Africa and Kheth'Impilo.

The main objectives of this exploratory study were to:

- Better understand the key vulnerabilities around HIV/AIDS and SRHR and issues experienced by male learners and their underlying causes for evidence-based programming
- Map programmes that address the vulnerabilities, including HIV/AIDS and SRHR, of boys and young men in schools
- Support the achievement of SDG 4 and the CSTL programme goal that all children and youth in SADC realize their rights to education, safety and protection, and to care and support, through an expanded and strengthened education sector response
- Complement other emerging studies investigating the vulnerabilities of out-of-school male youth that will ultimately inform school-based programming
- Support CSTL and SDC's transversal theme of achieving gender equality
- Contribute to the achievement of SDG 5 and gender balance in school-based programming by informing the development of a strategy focusing on the engagement of, and support for, male learners.

The study comprised of a regional literature review and fieldwork conducted in four countries (Eswatini, Lesotho, Malawi, South Africa). This report highlights the findings from the South African data and links these to the regional findings.

2. Regional literature review

The desk top research was conducted between July and September 2018.

The challenges boys face

Current evidence suggests that boys are largely involved in 'male engagement' strategies for social norms transformation, for example, as 'agents of change' or partners to women. While these are necessary means of engagement,[1] an unintended consequence is that boys and men are seldom

[1] Kato-Wallace J, Barker G, Sharafi L, Mora L, Lauro G (2016) Adolescent boys and young men: Engaging them as supporters of gender equality and health and understanding their vulnerabilities. Washington, D.C.: Promundo-US. New York City: UNFPA.

addressed as direct beneficiaries of holistic support programmes for their own needs.[2] In addition, boys are made vulnerable by rigid norms related to manhood. For example, society 'trains' boys to be emotionally naive and inexpressive, especially when it comes to vulnerable feelings. Through how their parents, teachers and peers relate to them, by the games they play, and by what they experience on TV and social media, boys learn to be 'ashamed' of such feelings.[3] This shame can manifest itself in resentfulness, hate and self-loathing, and without an outlet, the frustration can lead to depression, behaviour disorders, loneliness, problematic relationships and violence.[4] Many boys drop out of school, engage in violent and criminal behaviour, unsafe sex, or they may practice other risky behaviours because this is what they believe they have to do to be regarded as "real men" by their friends and their communities.

Gender norms also have a negative effect on the health and sexual reproductive health (SRH) practices of boys and men. According to the UNAIDS report *Blind Spot: Reaching out to men and boys*, "the concept of masculinity and the stereotypes associated with it create conditions that make having safer sex, taking an HIV test, accessing and adhering to treatment—or even having conversations about sexuality—a challenge for men."[5]

In addition to hurdles related to sexual health and reproductive rights, an area where greater understanding is needed is how vulnerabilities impact on the educational outcomes of boys. Challenges exist in the educational performance of boys, although the reasons underlying these challenges are still unclear. In recent years South Africa has seen a downward trend in the education performance of male learners, with approximately 92% of females successfully completing Grade 9 in 2015 compared to 87% for males, and attainment figures for Grade 12 standing at 54% for females and 50% for males.[6]

However, limited available information pertaining to the specific vulnerabilities and needs of boys in school makes it difficult to respond with appropriate and effective interventions, pointing towards the needs for additional research inquiry.

Programming for boys

While a key step in addressing the challenges that boys face is understanding what these are, it is also important to investigate the scope and efficacy of existing programmes to address SRHR and other challenges, particularly for boys. The literature points out that a focus on vulnerabilities is not a zero-sum game – focusing on adolescent boys and young men does not imply that a diminished focus on girls and young women should follow. But there is also a need to engage boys differently and separately as illustrated when considering how boys and girls are vulnerable to similar and different challenges at different stages of their lives.[7] At a programmatic level, a number of points drawn from the literature are worth highlighting. A recent and high quality source of information is an online evidence gap map[8] which catalogued the research evidence (including 131 completed impact evaluations and 13 systematic reviews) on adolescent sexual and reproductive health in low-and middle-income countries (LMICs), collating high-quality evidence as far back as 1990. Drawing on this

[2] Ibid.

[3] 1in6 (n.d.) 'How masculinity can make it difficult to heal'. https://1in6.org/get-information/topics/masculinity-self-esteem-and-identity/ [Accessed July 2017]

[4] Kastner L (2018) How boys suffer: The boy code and toxic masculinity. https://www.parentmap.com/article/how-boys-suffer-the-boy-code-and-toxic-masculinity [Accessed 01/09/2019]

[5] United Nations Programme on HIV/AIDS (UNAIDS) (2017) Blind spot: Reaching out to men and boys – Addressing a bind spot in the response to HIV. UNAIDS: Geneva, p.3.

[6] Gustafsson, M (2015) The relative under-performance of males in the schooling system. February 2015

[7] WHO (2000) What about boys? A literature review on the health and development of adolescent boys; Kato-Wallace et al. 2016

[8] Rankin K, Jarvis-Thiébault J, Pfeifer N, Engelbert M, Perng J, Yoon S and Heard A, (2016). Adolescent sexual and reproductive health: an evidence gap map. 3ie Evidence Gap Map Report 5. International Initiative for Impact Evaluation (3ie).

description of the evidence base, as well as additional literature, the following can be noted for programming:

- *Programmes should address gender norms*: Programmes that address gender norms are more likely to successfully address SRH outcomes than programmes with a narrow focus.[9] This was supported by the systematic review of South African evidence that illustrated that programmes that have a wider focus than SRH have a bigger impact.[10]
- *Importance of Comprehensive Sexuality Education (CSE)*: The efficacy of CSE in providing information and bringing about behaviour change is widely reported. A systematic review[11] showed substantial improvements in a number of important outcomes as a result of CSE: reported reduced frequency in sexual activity, decreased number of sexual partners, increase in the use of condoms and contraceptives to reduce unprotected sex. A UNESCO review[12] of 87 studies of CSE programmes around the world showed that CSE increased knowledge, and two-thirds of the interventions investigated had a positive impact on behaviour. Many programmes delayed sexual debut, reduced the frequency of sex and number of sexual partners, increased condom or contraceptive use, or reduced sexual risk-taking. A more recent systematic review on school-based sex education and HIV prevention in LMICs found that the most effective interventions to address HIV behaviour were those adapted from effective programmes and those involving a range of school-based and community-based components.[13]
- *Importance of voluntary medical male circumcision (VMMC):* For more than a decade (since 2007) the WHO has promoted access to VMMC as a preventative measure in countries with high HIV prevalence rates, particularly when included in a comprehensive package of HIV and SRHR services. Since then more than 14.5 million procedures have been performed in 14 countries in eastern and southern Africa, with nearly 3 million done in 2016 alone. VMMC also provides an opportunity to engage men on SRHR issues that are specific to them and their needs.[14]
- *Address service barriers*: Since access to services presents as a barrier to men seeking care, increasing the accessibility of services for men has been highlighted as a priority. The argument has been made that programmes for males are too focused on health issues, as men also have other interests and concerns, and that effective approaches to working with young and adolescent males in clinics consider the mannerisms and attitudes of service providers.[15] One systematic review[16] supports the idea that the training of service providers and making improvements to clinics increases service utilisation by adolescents. Another review[17] raises the interesting point about the potential impact of setting up active referral

[9] Kato-Wallace et al. 2016

[10] Harrison A, Newell M-L, Imrie J and Hoddinott, G (2010) HIV prevention for South African youth: which interventions work? A systematic review of current evidence. BMC Public Health, 10(1), p.1.

[11] Kirby, D and Obasi, A, 2006. The effectiveness of sex education and HIV education interventions in schools in developing countries. World Health Organization Technical Report Series, (938), pp.103–50.

[12] UNESCO (2009) International Technical Guidance on Sexuality Education: An Evidence-Informed Approach for schools, teachers and educators. Paris: United Nations Educational, Social and Cultural Organization.

[13] Fonner VA, Armstrong KS, Kennedy CE, O'Reilley KR, Sweat MD (2014) School Based Sex Education and HIV Prevention in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis. PlosOne, 4 March, vol. 3, Issue 3.

[14] Lane C, Bailey RC, Luo C, Parks N (2018) Adolescent voluntary medical male circumcision: Vital intervention yet improvements needed, Clinical Infectious Diseases, vol 66, suppl 3: S161-165. https://academic.oup.com/cid/issue/66/suppl_3

[15] Kato-Wallace et al. 2016

[16] Dick B, Ferguson J, Chandra-Mouli V, Brabin L, Chatterjee S, DA (2006). Review of the evidence for interventions to increase young people's use of health services in developing countries. Technical Report Series, World Health Organization, 938, 151.

[17] Kesterton, AJ and Cabral de Mello, M, 2010. Generating demand and community support for sexual and reproductive health services for young people: A review of the Literature and Programs. Reproductive Health, 7(1), p.1–12.

systems between schools and health facilities, for which the evidence is positive, as opposed to not having a clear link between schools and facilities.

- *Mixed evidence on youth clubs*: Clubs or spaces outside of school have been advocated as a way in which to target out-of-school boys as well as provide extra opportunities for those in school to access additional information. However, the mechanisms through which these programmes work and outcomes that they achieve are still unclear. A systematic review[18] found that these centres often combine SRH with recreational activities, and also have educational or vocational components. Although there is evidence that these clubs do have positive effects on knowledge, the evidence for youth clubs to encourage young people to access services is still poor. In addition, they are associated with high maintenance costs.

Three other areas of programmatic focus that the literature on the engagement of boys and men in SRHR services speaks about include: parent programmes aimed at empowering them to provide their children with SRH knowledge and to support more positive behaviour; providing fatherhood and caregiving support to adolescent boys and young men who have become fathers; and supporting those adolescents boys who are part of key populations.[19]

Although there is a paucity of evidence on what interventions specifically work for subgroups such as adolescent boys and young men,[20] there are some examples of programmes that are already being implemented in the SADC region. One such example is Kwakha Indvodza (meaning 'Building a Man'), a male mentoring organisation established in 2012 in Eswatini, which is also part of the MenEngage network (see below).[21] The organisation implements a collection of programmes to promote ideas around 'good masculinity', including curricula around financial independence (earning, spending, saving money), male health (SRH, drug and substance abuse and non-communicable diseases), and social responsibility (how to have good relationships, leadership & gender-based violence). In addition, they have physical spaces where men can congregate in order to counter the absence of positive spaces that boys and young men have outside the home, or outside of school. MenEngage Africa[22], with its secretariat at Sonke Gender Justice in South Africa, is part of a global alliance working towards gender justice and human rights through a series of regional networks and organisations. Sonke Gender Justice has its 'One Man Can' community mobilisation approach aimed at addressing community-level factors that contribute to men's risk-taking behaviour and women's increased HIV vulnerability.[23] However, these programmes are few and far between. Indications from the above systematic reviews, combined with suggestions of literature on shifting the focus to the needs of adolescent boys and young men, give some indication of what other programming might be effective.

3. Research study

The exploratory research study was conducted in four selected Member States namely, Eswatini, Lesotho, Malawi, South Africa (UNICEF and Kheth'Impilo provided funding to include South Africa in the study). Designed to complement and expand on the information gathered through the desk top review, the field-work was conducted in Eswatini, Malawi and Lesotho between September and October 2018, and in South Africa between November 2018 and January 2019. The selection of countries was made in consultation with the SADC Secretariat and SADC Member States, and criteria

[18] Ibid.

[19] Christensen JL, Miller LC, Appleby PR, Corsbie-Massay C, Godoy CG, Marsella SC, and Read SJ. (2013). Reducing shame in a game that predicts HIV risk reduction for young adult MSM: a randomized trial delivered nationally over the Web. Journal of the International AIDS Society, 16(3), pp.18716.; Kato-Wallace et al. 2016

[20] Rankin et al. 2016

[21] http://kwakhaindvodza.com/about-us/

[22] http://menengage.org/about-us/who-we-are/

[23] Mokganyetji T, Anderson A, and Stern, E. (2015) The 'One Man Can' Model: Community Mobilisation as an Approach to Promote Gender Equality and Reduce HIV Vulnerability in South Africa, EMERGE Case Study 6, Promundo-US, Sonke Gender Justice and the Institute of Development Studies

included the identification of boys' vulnerability as a priority issue for the Member State and commitment to the study.

Methodology

In Eswatini, Lesotho and Malawi, Ministries of Education were asked to select four schools to participate in the qualitative data collection; in South Africa, three provinces were selected in consultation with the Department of Basic Education (these were KwaZulu-Natal (KZN), Mpumalanga (MP), and the Western Cape (WC)), and four schools from each province were identified for participation. KZN and Mpumalanga were purposefully selected as they are both provinces with high rates of vulnerability amongst boys and girls. Access to schools within the short timeframe was facilitated by MIET AFRICA's existing contacts in the province through the 'Keeping Girls in School' programme. The Western Cape had been identified as a priority province by the Department of Basic Education due to high drop-out rates and gangesterism and violence in schools. In the selection of schools, the research team aimed for some variation in the characteristics of schools/learners and in particular, considered a mix of urban vs rural, and schools where male learners experience education, health or behavioural challenges such as high drop-out rates, substance abuse, unintended pregnancy, HIV&AIDS. The required ethical clearance was obtained in each of the provinces before fieldwork commenced.

In each school, focus group discussions were held with groups of boy learners, girl learners, teachers, and parents and community members. In total, across all four countries, 91 focus groups were conducted, of which 45 took place in South Africa. The following table summarises the number of focus groups held in each of the provinces. This high number of focus groups provides a rich source of qualitative data on the vulnerabilities of boys and suggestions for how to better support boys and those who interact with them.

Table 1: Number of focus groups conducted in South Africa, per province

Province	Boys	Girls	Teachers	Parents and community members
KwaZulu-Natal	4	4	4	4
Western Cape	4	4	4	3
Mpumalanga	4	4	2	4
TOTAL	**12**	**12**	**10**	**11**

There were two primary research questions that guided the research. The first question looked to unpack the vulnerabilities and risks that boys experience, particularly those risks around SRHR. The second question looked to understand the link between these vulnerabilities and boys' schooling. Within these two overarching questions, there were a number of sub-questions that explored ideas around identities and gender norms, access (or lack of) to services, and knowledge of HIV prevention and treatment. The following table summarises the key research questions that the study aimed to answer as well as the broad topics explored in the focus groups.

Table 2: Summary of key research questions and topics explored in focus groups

Primary research questions	Topics explored
What are the key vulnerabilities experienced by boys aged 14 – 20 years in school, particularly as they relate to SRHR?	Identity and self-perception
	Information / education / knowledge on HIV
	Barriers to engagement with services
	Support to ALHIV
What impact, if any, do these vulnerabilities have on the boys' educational outcomes?	Relationship between SRHR and educational outcomes

Results

Common themes were visible across the data from all four countries, although country-specific variations did exist. The following is a summary of overall findings, signposting how these hold true for South Africa, and highlighting issues that stood out for the country.

Absence of positive role models

Boys have particular needs regarding the modelling of positive masculinities, especially in the absence of role models at home. This affects where they get their information from and influences their attitudes and behaviour. What they see modelled at home often exposes them to risk, is contrary to what is being taught at schools, and also negatively impacts how they relate to those they are in relationships with.

> *"There are contradictions between what is expected and taught at school and what happens at home. The behaviour modelled by men and parents at home, affects the child's behaviour. And they can't see the wrong in the behaviour that is modelled at home." (SA KZN, FGD, teachers)*

Across the different groups, boys were described as lacking positive male role models and searching for a sense of belonging. Bad role modelling in the home was especially reiterated by groups in the Western Cape, where parents themselves use drugs. Examples were mentioned of parents in these communities who use the government social grant that they obtain to support their children to buy drugs instead and when children arrive home, there is no food and parents are drugged or drunk.

This absence of role models, coupled with a lack of a sense of belonging, lead boys to negative behaviour, such as substance abuse and joining gangs, while children also hold on to a lot of anger from their childhood experiences that they then act out in school.

> *"Behaviour issues in and out of school…it is related to the family…in most cases it has to do with the parents—absentee fathers, abusive fathers. They [the children] have a lot of anger." (SA KZN, FGD, teachers)*

The gap between parents and their sons also affects the communication about important issues. Parents often do not know how to talk to their children about SRHR issues. There were a few select examples mentioned of parents speaking to their children, trying to educate them on HIV and how to deal with peer pressure. In the absence of direct conversations examples were given in the Western Cape where parents respond by leaving condoms available in drawers.

> *"Parents don't talk about these things, and it is a generational cycle—my father didn't talk to me about birds and the bees, so I don't know how to talk to my son, and he likely won't know how to talk to his sons." (SA WC, FGD, parents)*

Knowledge and sources of information

Information on SRHR is largely obtained from Life Orientation in schools and other school subjects.

> *"LO (Life Orientation) is the most important subject at school…it is the 'polyfilla' that fills in all the important gaps in the learners' learning." (SA WC, FGD, teachers)*

Peers are an important source of information, but they are themselves often misinformed. Boys also want to know how to withstand peer pressure that leads to risky behaviour such as substance abuse.

The number of organisations focusing specifically on boys is very limited. Boys lack the forums to raise issues particular to them, as a group or individually. Boys have a real sense of being left out and being at a disadvantage—not just in terms of knowledge, but in programming in general and this is manifested in negative ways.

Although boys appear to have some knowledge of HIV and how to protect themselves, on further probing there are gaps in their knowledge. Misconceptions manifest in their interactions with girls, and examples include misconceptions about condom use (washing with cold water if a condom breaks; querying whether or not HIV can be transmitted to a virgin), and using their partners as proxies for their own health.

Barriers to condom use fall into two broad categories: perceptions about diminished sexual pleasure when a condom is used, and questions about the authenticity of the sexual encounter (the girl is saving it for someone else, or that the girl is being unfaithful). There are instances where boys are deliberately trying to impregnate girls, which then raises challenges for promoting condom use as a preventative measure for HIV infection.

> *"Meat on meat/skin to skin". (SA WC, FGD parents & boys)*
>
> *"You cannot eat the banana with the peal." (SA KZN, FGD, girls)*
>
> *"Most men they say, when having sex with a condom - How can you enjoy sweets in a paper? They don't know that safe sex is much better than unprotected sex." (SA KZN, FGD, girls)*

Information about same-sex relationships is missing; in addition the data indicate that there are misconceptions about this, as well as stigma. Teachers in KZN requested that issues of sexual identity and LGBTI need to be part of discussions with learners and spoke about a boy learner who had committed suicide because of discrimination on the basis of sexual orientation.

Vulnerabilities regarding HIV testing

Stigma about knowing one's status is a barrier to testing. This also relates to fears about confidentiality. Denialism plays a big role in boys not getting tested: boys would rather not know about their status than get tested, be found to be positive and have to deal with the consequences. There is a real sense of "if I do not know about it then I can't be infected. And if I am not sick then I can't be infected—there is nothing wrong with me." They also use girlfriends as proxies for their own status, and some find it impractical to access testing if they have multiple partners.

> *"Boys say that if you [the girl] are negative, I must also be" (SA KZN, FGD, girls)*

Vulnerabilities concerning access to SRH services

Condoms are, in theory, available in health facilities to all learners. However, sometimes facilities are far from where the learners are. In one example in KZN it was mentioned that the nearest clinic is about 13km away from the school and also not very close to the residential areas, which makes access difficult. Learners also reported feeling judged at facilities when accessing condoms and testing for HIV, or that there is stigma just being seen with contraceptives, which is a prohibiting factor to accessing and using them. The lack of youth-friendly clinic services was raised as an issue in Mpumalanga and the Western Cape, where learners felt uncomfortable accessing information or services at local clinics because the clinic staff, and other clients, know their families and they believed they would be ridiculed and treated with suspicion. Health-seeking behaviour is furthermore influenced by gender norms that boys are strong and do not need to seek help.

One of the boy-specific SRHR services that was raised in discussions was voluntary medical male circumcision (VMMC), which is recognized as an effective way of minimizing risk of HIV transmission. A number of VMMC programmes are targeting adolescent boys, and in many of the areas studied, it was well known and accepted. Boys reported knowing that being circumcised reduces their chances of infection but that they still needed to use protection. Boys in KZN explained that VMMC reduces their chances of HIV infection by 65% and they experience pressure from girls to circumcise as the girls have greater enjoyment during sex; and the boys boast about who has been circumcised. However, despite knowing that they are not fully protected against HIV transmission, the boys still have unprotected sex. A similar behavioural pattern was found in Mpumalanga where knowledge about

the level of protection that VMMC offers is accurate, but boys still don't use condoms for reasons mentioned above, or perhaps think that a 65% reduction is sufficient.

Participation in VMMC programmes occasionally negatively affects boys' participation in school, for example, when they have not fully healed and are uncomfortable at school or have to stay home. In Mpumalanga no issues were raised in relation to VMMC programmes, as the boys go during the school holidays with no impact on their education, although there was some mention of parents not wanting to consent to their children being circumcised based on ignorance. In KZN, participants held that service providers come to schools to recruit boys for circumcision, without ensuring parental consent. In addition, provider coordination seems lacking.

Behavioural vulnerabilities

In unpacking the different experiences and vulnerabilities of boys, the various groups were asked about perceptions of masculinities and gender norms. Virility and having children were strong themes of manhood. Teachers highlighted that some assumptions about masculinity relate to the issue of virility – the idea that a man should have lots of women around him, and that men 'know everything', even when they don't. Impregnating girls and producing offspring is a major demonstration of manhood. In KZN, respondents explained that there is a trend amongst boys to boast about the number of children they have fathered while similarly, in Mpumalanga, being a man meant having a girlfriend and having a girlfriend meant having sex. In one example, it was reported that a Grade 10 learner had five children with different girls and had to leave school to find work. Pregnancy was mentioned as a major challenge affecting both girls and boys. In KZN and the Western Cape, early pregnancy was viewed as the norm. In one of the areas in KZN it was confirmed across girls' and parents' groups that boys deliberately try to impregnate girls - these pregnancies are not 'accidents' but deliberate shows of virility. It was mentioned that boys go as far as raping their girlfriends to prove that they can have a child.

> *"It is a fashion to impregnate the girl. You are cool if you do. Yes can say you are proving manhood." (SA KZN, FGD, parents)*

This competitiveness to reproduce was not exclusive to boys, but also reported among girls in KZN, where it was mentioned that it is not unusual for girls to want to fall pregnant when they have boyfriends, as proof of love or so that they keep the man. Also, there are girls who have children that are fathered by the same boy in school. Examples were also mentioned of similar competition amongst girls to have sex with a certain boy in a defined period of time, or to have the boy's child. One teacher in the Western Cape commented that she had been invited to a baby shower of one of her learners; she explained that she was the only one in the group without a child: *"Here I am, I'm teaching kids, who have kids, about having kids, without having kids (myself)." (SA WC, FGD, teachers)*. Age of sexual debut was also raised as a concern and suggestions were made that information should reach learners at an even younger age.

In the Western Cape sexual exploits are presented as a dare and male learners are expected to bring back proof of the encounter, such as smelly underwear or a smelly finger. There was also talk of the popularization of negative posts and sites on social media, so called 'prostitute lists' (translated from local slang) that features girls who they have had sex with, and their preferences. And the example was given in one school where during a GBV campaign with the slogan 'Real men don't rape' the boys had scratched out the word 'don't' as a joke.

> *"We are treated as sexual objects by boys. They are always out for sex. There are rumours and lists on social media that make all kinds of accusations or spread bad rumours." (SA WC, FGD, girls)*

Virility and concepts of manhood are not restricted to sexual activity. In Mpumalanga, boys also mentioned that being a man means knowing how to fight. In one group boys admitted to not respecting girls, but only pretending to respect them. And they definitely have more than one girlfriend

at a time. *"You can't wear only one shoe." (SA MP, FGD, boys).* Although this did not dominate conversations, boys did express some negative behaviours and attitudes, particularly towards girls, that might put themselves and their partners at risk. For example, there was some blaming of girls for provoking men, either through the wearing of short skirts or other inappropriate clothing, being loud or insulting men. Men's insecurities and feelings of marginalisation are seen as manifesting in other ways such as violence towards women.

> *"A person acts out about how he is feeling. When a man is put down it's like his manhood is being dented and so he consoles himself with the thoughts that he is physically stronger than the girls." (SA WC, FGD, boys)*

Substance abuse is a substantial challenge that leads to risky behaviour and is also seen as part of the rite of passage to be a man. Substance abuse is also a cause for learners dropping out of school to sell drugs. In addition, in some areas, learners are exposed to shebeens and taverns around the school. They are also exposed to alcohol abuse at home. For example, in KZN it was mentioned that fathers take sons to where they drink, or the mother is the one who gives the girls a drink at home. Teachers in KZN and Western Cape allude to learners partying on weekends and engaging in unprotected sex while under the influence. In rural KZN, teachers and girl learners explained a trend among girls to insert snuff into their vaginal canal as a way of enhancing sexual intercourse and "making the man crazy for you".

> *"There are different things that boys do just to prove that they are men, like drinking, not realizing they are hurting their futures." (SA KZN, FGD, girls)*

Drugs were also labelled as a means to escape the reality of poverty, violence and gangsterism that the boys face.

> *"Once they smoke a joint, it is an escape from reality." (SA WC, FGD, teachers)*

Contextual vulnerabilities

Poverty leaves boys vulnerable to drop out from school as they are often ascribed the breadwinning role in the family in the absence of fathers. Prominent reasons for drop-out include high repetition rates and gangsterism. Absenteeism also links to poverty and gangsterism as more boys are absent from school in the afternoon after the meal has been served. They are guaranteed a meal, which they don't have at home, and they then don't come back to school in the afternoon for reasons such as gang-related activity or substance abuse. But even when boys do complete school, concern was repeatedly expressed about employment prospects. This raised the issue of vocational training and whether that would be a better way in which to equip boys for the future.

> *"Yes boys value school, but the opportunities outside of school are very few. My son has been looking for a job for six years after finishing degree." (SA KZN, FGD, parents)*

Although not reported to the extent that it applies to girls, poverty does increase the vulnerability of boys to sexual predation and exploitation.

Violence in schools was mentioned as an additional challenge for boys across South African schools. Teachers in all provinces spoke of the normalcy of fighting among learners, both boys and girls. In the Western Cape, gangsterism also had a serious influence on male learners in particular, and was highlighted as one of the key challenges affecting schools. Educators described the areas as dangerous and rife with a depressing social malaise. Learners have to consciously negotiate their travel to school and are constantly at risk of violence and robbery. At school some of the gangs have a presence through groups of learners who belong to several of these gangs so they now have to negotiate these associations at school.

> *"The violence in our community is shocking." (SA WC, FGD, girls)*

Boys and girls are treated differently at home and in the community, and in school, which often reinforces gender stereotypes or leads to behaviours that do not serve them in the long-run. At home, boys are treated more leniently and can largely do what they want. They are seen as being able to withstand situations beyond their age. When such leniency goes too far it could border neglect. Boys in KZN reflected that they were in need of boundaries and restrictions because that is an indication that someone cares. There is greater protection of girls – they must be home at a certain time, and cook for their family. In rural KZN, girls sleep with their mothers until they leave home, while boys at the age of 14 or 15 have their own 'houses' away from the main house where they are able to entertain girls.

Boys are also subjected to sexual abuse, although this is hidden, not shared and shrouded in shame. This was spontaneously raised in group discussions with boys in KZN and the Western Cape. For boys, sexual abuse is coupled with shame and their general reluctance to share their challenges as a result of their socialisation to be strong and invulnerable. It is also possible that boys do not feel that they will be taken seriously if they report such violations. In the Western Cape, one of the learners in the focus group discussions relayed that when he was younger, he had been sexually abused, and even though it had been reported to the police, nothing was done.

In the Western Cape there was discussion around how the influence of peer pressure and the need for 'fitting in' impacts on learners' participation in programming. In one school, it was explained that boys hesitate to participate in afterschool programmes because they don't want to be labelled as a "queer". There is almost a culture that rewards the negative behaviour trends.

4. Recommendations for programming

The findings of the regional study, including the fieldwork in South Africa, clearly support the need for programmes focusing on boys specifically, without compromising the existing programming for girls. Boys have a real sense of being left out and being at a disadvantage – not only in terms of knowledge, but programming in general and are manifesting this in negative ways. There are various areas of recommendations that emanate from the study findings: (i) designing programmes specifically for adolescent boys and suggestions around messaging; (ii) strengthening existing services such as Life Skills/Life Orientation in schools as well as VMMC programmes; (iii) improving adolescent boys' access to health care services; (iv) supporting and empowering parents to talk to their children about SRH challenges; (v) strengthening programmes in the community to supplement what is taught in school; (vi) expanding strategies and policies on ASRH to track indicators that are specific to boys; (vii) addressing challenges identified that learners face in schools; (viii) and improving programme M&E. In addition to these main recommendations, the findings point to additional considerations regarding how programming should be designed, funded, and implemented. The following recommendations can be made in order to better address the SRHR and other vulnerabilities boys face.

Programmes specifically for boys

- Clubs for boys/forums: There is a great need and appetite for having clubs or programmes specifically for boys. This follows on the need expressed by boys to be able to have open discussions amongst themselves and with a knowledgeable facilitator to get more in-depth information. This could take place outside of school in the community, or at school, or perhaps Life Skills/Life Orientation classes could occasionally be split to have separate sessions facilitated by someone from outside the school.
- In line with the 'Keeping Girls in School' programmes in Malawi and South Africa, there is some suggestion that a similar programme - 'Keeping Boys in School - could be implemented'.
- The interlinking of boys' vulnerabilities as discussed in this report means that a holistic approach to programming is needed. A comprehensive programme that does not only focus

on HIV, but includes other aspects such as positive masculinities and gender norms, career guidance and life skills (for example, money management), is recommended.

- Any programme offered in school will need to be cognisant of contextual influences that might affect programme fidelity, such as whether learners have transport from school if a programme is presented after school, or how violence in the school and area might affect absenteeism (for example, boys not attending school in the afternoon or after the lunch meal).
- Programmes need to consider hidden vulnerabilities, such as boys as victims of sexual abuse, boys who are homosexual or transgender, and boys who are silent about other forms of neglect and abuse experienced at home. Programmes need to give boys safe spaces to express themselves and to talk openly about the challenges in their lives.

Strengthen existing services

- Strengthen existing Life Skills/Life Orientation programming in schools. Ensure that all teachers are equipped and feel confident to teach the subject and that time committed in the timetable for this subject is used for this purpose.
- Those NGOs successfully working with boys and young men, such as Kwakha Indvodza in Eswatini and the MenEngage network, should be supported to spread geographically for greater impact.
- Adapted VMMC programming has great potential to convey accurate information to male learners as they have a captive audience. Follow up sessions with boys, and potentially parents, are necessary to ensure that there is sufficient aftercare, that boys fully understand how to protect themselves, and so that questions can be answered about the perceived negative effects of circumcision.

Improve service access

- Purposefully design referral structures for learners in order for them to receive additional support. This could take the form of referral to health centres, or to specifically designated staff in the school who learners can interact with.
- Where health centres are far, or not youth-friendly, alternative ways should be implemented to bring services closer to the learners or the communities they stay in. This could take the form of building on or introducing mobile vehicles, such as those being used for girls under the DREAMS programme.
- Alternative HIV prevention strategies should be considered in areas where learners are trying to get pregnant and where this is socially accepted by the community.
- Address perceptions about the lack of confidentiality at clinics which is a major barrier to access.
- Training of clinic staff around youth-friendliness so that learners are not judged, or do not feel judged, when they access services is required.

Support parents

- Programmes for parents are needed as they do not have SRH information themselves, or are not empowered to talk to their own children or to each other's children, especially single mothers of male learners. This could also take the form of marriage seminars for married parents, or even pre-marital courses which includes information on how to raise children and talk to them about SRH issues, in an age-appropriate way from a young age.

- Male role models or mentors could be available for those learners who do not have father figures. This could also take the form of upstanding/respected men in the community coming to talk to boys at school.

Programming in the community

- Programmes in the community could supplement what is taught in school.
- Substance abuse is a substantial challenge amongst male learners. Drug awareness campaigns and group discussion classes on the dangers of using drugs were called for, both in school and in the community.

Programming messaging, timing and platforms

- Messaging in programming/information needs:
    - Widen the conversation to what is happening in the environment outside of school, as SRH vulnerabilities are present in a context of other vulnerabilities. Programmes for boys in South Africa should especially address gender norms and the negative views boys have of girls.
    - Messaging should be around positive masculinities, and not just about what boys shouldn't do but what they should do. This could also include information about the nature of consent in sexual interactions to address the negative views expressed by boys in this regard.
    - Information about HIV and how to protect yourself is required.
    - Information on how to withstand peer pressure and deal with bullying and substance abuse is needed. In South Africa, substance abuse and gangsterism are substantial challenges affecting boys and their communities. Evidence-based good practices should be considered, in addition to the current responses in place.
- Age-appropriate information should start reaching children early in their development. Sexual debut is starting earlier so it is almost too late if information is only introduced at secondary school.
- Use social media as a platform for messaging youth as this is where they access information today. However, interventions are also necessary around the responsible use of social media.
- Programming beyond HIV: Programmes should target young boys around issues of economic empowerment in addition to raising awareness on HIV.

Programme design and M&E

- In order to contribute to the evidence-base on ASRH programming, measuring biological outcomes and studying cost effectiveness should be considered.

Strategy/policy level improvements

- Introduce specific indicators to map STIs and sexual debut of boys.
- Greater advocacy is needed around the importance of boys' issues, informed by evidence.
- Resourcing should be made available to implement programmes aimed at boys and their vulnerabilities.
- The creation of more job opportunities was expressed as a great need amongst boys. Assistance could be provided in terms of comprehensive career guidance, aptitude testing, teaching of entrepreneurial skills, and vocational training.